

JAN 28 2008

SMART & BIGGAR*Intellectual Property & Technology Law***To Fax no.:** (571) 273-8300P.O. Box 2999, Station D
55 Metcalfe Street, Suite 900
Ottawa, Canada K1P 5Y6**Page 1 of:** 9**Attention:** MAILSTOP AF
(Examiner: THERIAULT, Steven B.)
Group Art Unit 2179Tel.: (613) 232-2486
Fax: (613) 232-8440**From:** SMART & BIGGAR**Your file no.:** 10/621,414**Date:** January 28, 2008**Reply to Ottawa file no.:** 79115-25 /jas**Time:****EXPEDITED HANDLING REQUESTED****Certificate of Transmission**I hereby certify that this correspondence is being facsimile
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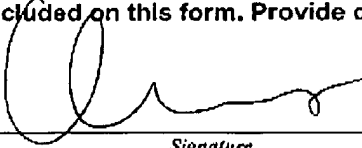
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 79115-25/jas	
Applicant(s): CHIDAMBARAM, Avinash et al.						
Application No. 10/621,414	Filing Date July 18, 2003	Examiner THERIAULT, Steven B.	Customer No. 07380	Group Art Unit 2179	Confirmation No. 2788	
Invention: GRAPHICAL INTERFACE FOR CONFIGURING A POWER SUPPLY CONTROLLER						
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<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	25 -	25 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-2550 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ <i>Signature</i>			Dated: January 28, 2008 _____			
ELLIOTT S. SIMCOE Reg. No. 50,010 Customer No. 07380 Tel. No. (613) 232-2486			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/621,414 Confirmation No. 2788
Applicant : Avinash Chidambaram, et al
Filed : July 18, 2003
TC/A.U. : 2179
Examiner : Steven B. Theriault

Docket No. : 79115-25
Customer No. : 07380

Commissioner for Patents
Alexandria, VA 22313-1450
U.S.A.

**AMENDMENT AFTER FINAL
EXPEDITED HANDLING
REQUESTED**

Dear Sir:

This is in response to the Final Office Action mailed November 28, 2007 on the Application identified above.

Remarks/Arguments begin on page 2 of this paper.